

BEST AVAILABLE COPY

STAPLE HERE (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | VT | 60607 | 11/17/99 |
| O.J.P.E. CLASSIFIER | | 21 | 11/8/99 |
| FORMALITY REVIEW | SL | 70647 | 11-19-99 |

INDEX OF CLAIMS

1-10-2000

✓ Rejected N Non-elected
 ○ Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
| 1 | 12/3/99 |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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